

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES



SE	C'USE OI	NLY '					
Prefix		Serial					
•							
DATE RECEIVED							
		1					

	190	<i>'by</i> PU			ULATION D,	•		
•		/	SECTI	ION 4(6), <i>A</i>	ND/OR		DATE RECEIVED	1
	\vee	UNIFOR	M LIMIT	ED OFFEI	RING EXEM	PTION (
Name of Offering	g (check if this	is an amendme	nt and name ha	s changed, and ir	idicate change.)			
STS BUILDER		is an amename	in and name na	s changes, and h	idicate change.)			1
	eck box(es) that appl	ly): 🔽 Rule	504 Rule	505 Rule 5	06 Section 4(6)	ULOE	1001	. 0-6
Type of Filing:	New Filing		U	П			13760	181
. ,			. A. BASIC	IDENTIFICAT	TON DATA		•	
1. Enter the inf	formation requested a	about the issuer				•		
Name of Issuer	(check if this is	an amendment a	and name has ch	nanged, and indic	ate change.)			
STS BUILDERS							•	
Address of Execu	•		(Numbe	r and Street City	, State, Zip Code)	Telephone	Number (Including Area	Code
	Road, Suite 190, 0	Calabasas Ci		r and Street, City	, State, Zip Code)	(805) 523-34	· -	Coucy
	ipal Business Operati			er and Street, Cit	y, State, Zip Code)	+	Number (Including Area	a Code)
	Executive Offices)	0113	(I'VOIIIO	er and Street, en	, state, zip code,	reteptione	· ·	e code;
Brief Description	of Business					1		<u> </u>
Construction				,			PROCES	SSED
	•		-				_,	
Type of Business	Organization						APR 112	003
corporat			partnership, ali		other (j	please specify):	711 N I I Z	007
busines	ss trust	limited	partnership, to	be formed	·		0	J.
			Month	Year			HONSON	-
	ted Date of Incorpora		لكسسالككا			mated	FINANCIAL	ļ
Jurisdiction of in	corporation or Organ	•		for other foreign		:: [2][A]		· · ·
GENERAL INST	TRUCTIONS					ะบเด		. 1
	INUCTIONS							1
	All issuers making an o	offering of secur	ities in reliance	on an exemption	under Regulation D	or Section 4(6),	17 CFR 230.501 et seq. c	or 15 U.S.C.
77d(6).								·
							remed filed with the U.S ived at that address after	
	on the date it was mai					iciow oi, ii iece	ived at that address after	the date on
	U.S. Securities and E	*	-			1540		5
							copies not manually sign	:
•	ne manually signed co				iich must de manuaii	iy signea. Any	copres not manually sign	ied must ne
Information Reav	uired: A new filing n	nust contain all	information req	uested. Amendr	nents need only repo	ort the name of t	the issuer and offering, a	inv changes
	nation requested in Pa						nd B. Part E and the App	
	e is no federal filing	fcc.						:
State:	•							
	he used to indicate r	eliance on the U	Iniform Limite	d Offering Exen	nution (ULOE) for s	ales of securiti	es in those states that ha	ا ve adonted
ULOE and that h	nave adopted this for	rm. Issuers rely	ing on ULOE 1	must file a separ	ate notice with the	Securities Adm	inistrator in each state v	vhere sales
are to be, or have	e been made. If a sta	ate requires the	payment of a	fee as a precond	ition to the claim fo	r the exemptio	n, a fee in the proper an	nount shall
		iall be filed in t	he appropriate	states in accorda	ance with state law.	The Appendix	x to the notice constitut	es a part of
this notice and m	nust be completed.						•	4
<u> </u>				ATTENTION				<u> </u>
Failure to fil	le notice in the ap	propriate sta	tes will not r	esult in a loss	of the federal e	xemption. Co	onversely, failure to	file the
appropriate	federal notice wil						nption is predictated	
filing of a fe	deral notice.							7
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Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

建 图 为5万量自己		A BASIC IDI	NTIFICATION DATA			
2. Enter the information r	equested for the fo	llowing:				
 Each promoter of 	the issuer, if the is	suer has beén organized w	ithin the past five years;			
 Each beneficial ov 	wner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities	s of the issuer
 Each executive of 	ficer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and	
 Each general and 	managing partner of	of partnership issuers.	•			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, SEGAL, SEAN	if individual)					
Business or Residence Addr 26901 Agoura Road, Su			ođe)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer.	Director	General and/or Managing Partner	
Full Name (Last name first, LAPIN, STEVEN	if individual)	•				
Business or Residence Addr 26901 Agoura Road, Sui		- · · · ·	ode)			• •
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	-
Full Name (Last name first, CONANT, THOMAS	if individual)					,
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			•
26901 Agoura Road, Sui	te 190, Calabasa	as, CA 91301				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individua!)					, :
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode) .			· · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		······································	- i
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	; ;
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)	 · · · ·		if i
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	-: : : : :
Full Name (Last name first,	if individual)					<u> </u>
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·	

				注注数	ÿ. B. I	NFORMAT	ION ABOU	T OFFER	ING ৳ 🔩	¥174				
1.	Has the	issuer sol	d, or does t	he issuer i	ntend to se	II. to non≟a	ccredited i	nvestors i	n this offer	ine?		Yes	No IX	
••	rius inc	135461 501	a, or does to			n, to non a Appendix		•			***************************************	L		
2.	What is	the minin	num investn			• •		_				\$_3,0	00.00	:
												Yes	, No	•
3.			permit join		-			•					X	1
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful	l Name (Last name	first, if ind	ividual)	NONE							•		1
Ros	iness or	Residence	Address (N	lumber and		ity State 7	in Code)						•	_
Du.		Residence	71001033 (1	amoor un	a bacci, C	ny, State, z	onp code)							
Nai	me of As	sociated B	roker or De	aler				-						
Sta	tes in Wi	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers							_
	(Check	"All State	s" or check	individual	States)			***************************************	***************************************		***************************************	☐ AI	1 States	1
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	1
Ful	l Name (Last name	first, if ind	ividual) · ·										
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						1	1
Nai	nc of As	sociated B	roker or De	aler										7
·														_
Sta			Listed IIa:											
	(Check	"All State:	s" or check	ındıvıdual	States)	••••••					*******************	AI	1 States	:
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Ful	l Name (Last name	first, if ind	ividual)										7
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)							- -
Nai	me of As	sociated B	roker or De	aler				···-						10
					•								1	
Sta			n Listed Has s" or check										l States	1
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	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA) KY) NJ TX	CO LA NM UT	ET ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

G: OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount alrea sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debi	s 0.00	s 0.00
	Equity		s 9,000.00
	☑ Common ☐ Preferred		····
	Convertible Securities (including warrants)	€ 0.00	0.00 · \$
	Partnership Interests		\$ 0.00
	Other (Specify 0)		s 0.00
	Total	0.000.00	\$ 9,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>u</u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in to offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate	
		Number Investors	
	Accredited Investors		s 9,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	3	\$_9,000.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question I	he	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	0	\$ 0.00
	Regulation A	0	\$_0.00
	Rule 504	0	s 0.00
	Total	<u>0 ·</u>	s 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of a securities in this offering. Exclude amounts relating solely to organization expenses of the insur The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	: !
	Transfer Agent's Fees		s 0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fccs		y \$ 1,000.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$_0.00
	Total		Z \$_1,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted i	gross	•	\$8,000.00
	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate f the payments listed must equal the adjusted g	and		
			٠	Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		[s_0.00 °	. □ \$ <u>0.00</u>
	Purchase of real estate		[\$_0.00	s_ <u>0</u>
	Purchase, rental or leasing and installation of mac and equipment	•	Г	\$_0.00	so.oo
	Construction or leasing of plant buildings and fac	ilities	_	0.00	□s 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	Г] <u>\$_0.00</u>	. □ \$ <u>0.00</u>
	Repayment of indebtedness				s 0.00
	Working capital		_	_	\$ 8,000.00
	Other (specify):		[\$ 0.00	S 0.00
			— [s_0.00	s_0.00
	Column Totals			s 0.00	S 8,000.00
	Total Payments Listed (column totals added)			\$ <u></u> 8	000.00
		D. FEDERAL SIGNATURE			
ig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this r	otice mmiss	is filed under Rusion, upon writte	
SSI	er (Print or Type)	Signature	E	ate	
ST	S BUILDERS, INC.	1 can a. 1 agul	,	January 1, 2007	,
ła	ne of Signer (Print or Type)	Title of Signer (Print or Type) .		***	
	n Segal	President			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

TP ST	ATT	SIGN	A TUR	73 %

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X
			. 623

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

·		7 ·	_		1			1
Issuer (Print or Type)	Signature //		. //		Date	-	•	ł
STS BUILDERS, INC.	10	an	all	1961	Janu	uary 1, 2007	:	
Name (Print or Type)	Title (Print or			/ '			:	
Sean Segal	President		/ /				1	ģ



Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.